



Building & Development Services  
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## HOME OCCUPATION

### APPLICATION:

A special use permit shall be obtained for certain uses which may be harmonious under special conditions and in specific locations within a zoning district, but may not be allowed under the general conditions of the zoning district as stated in this chapter. (Ordinance 2005-07-18-1, sec. 1 (rev. 5), adopted 7/18/05)

### CHECKLIST:

- A. Application ..... ☐
- B. Questionnaire..... ☐
- C. Floor plan of home, denoting area to be utilized for occupation ..... ☐
- D. Secretary of State (SOS) Certificate of Filing ..... ☐



## HOME OCCUPATION APPLICATION

Home Occupation Location: \_\_\_\_\_

Description: Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_

\_\_\_\_\_ Total Acreage: \_\_\_\_\_

Abstract/Survey: \_\_\_\_\_ A- \_\_\_\_\_

Applicant:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
E-mail:			

Property Owner:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
E-mail:			

Agent:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
E-mail:			

<p>NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS:</p> <p>That I, _____, as owner or duly authorized officer of the property hereinafter referenced do hereby execute this document, acknowledge the above statements to be true and accurate to the best of knowledge, and understand that knowing and willful falsification of information will result in rejection of my application and may be subject to criminal prosecution. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City.</p> <p>_____ (Signature)</p>	<p>OFFICE USE ONLY:</p> <p>Project # _____</p> <p>Submittal Date _____</p> <p>DATE STAMP</p>
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## HOME OCCUPATION QUESTIONNAIRE

What is the name of the business? \_\_\_\_\_

Use the space below to briefly describe the nature of your business, including period for which the license is required, and method of operation:

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Will you be using a vehicle in connection with the occupation? ☐ Yes ☐ No

If yes, please provide the following (*a photograph of the vehicle will be required as well*):

Vehicle Description: \_\_\_\_\_ Plate No.: \_\_\_\_\_

Primary Operator: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License (DL) No.: \_\_\_\_\_ DL State: \_\_\_\_\_

Will products be received/distributed as part of the business? ☐ Yes ☐ No

If yes, please describe how products are received/distributed including method and frequency: \_\_\_\_\_

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Will the business involve use of chemicals/hazardous materials? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

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What is the total square footage of the residence: \_\_ \_\_, \_\_ \_\_ \_\_ (SF)

What is the total square footage of the business: \_\_, \_\_ \_\_ \_\_ (SF)

Will anyone, other than the resident, be employed as part of the business? ☐ Yes ☐ No

If yes, please include the name, date of birth and relationship to the resident: \_\_\_\_\_

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